

A/Re

Please type a plus sign (+) inside this box → ☐

PTO/SB/50 (08-00)

Approved for use through 12/30/2000. OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents  
Box Reissue  
Washington, DC 20231

Attorney Docket No.	520.30414R490
First Named Inventor	KATO, et al.
Original Patent Number	6,332,280
Original Patent Issue Date (Month/Day/Year)	12/25/01
Express Mail Label No.	

### APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

### APPLICATION ELEMENTS (37 CFR 1.173)

- ☒ Fee Transmittal Form (PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
- ☐ Applicant claims small entity status. See 37 CFR 1.27.
- ☒ Specification and Claims in double column copy of patent  
format (amended, if appropriate)
- ☒ Drawing(s) (proposed amendments, if appropriate)
- ☐ Reissue Oath/Declaration (original or copy)  
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
- Original U.S. Patent currently assigned?  
☒ Yes ☐ No  
(If Yes, check applicable box(es))  
☐ Written Consent of all Assignees (PTO/SB/53)  
☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of  
Attorney (PTO/SB/96)

### ACCOMPANYING APPLICATION PARTS

- ☒ Statement of status/support for all changes to  
the claims. See 37 CFR 1.173 (c).
- ☐ Original U.S. Patent for surrender  
☐ Ribbioned Original Patent Grant  
☐ Statement of Loss (PTO/SB/55)
- ☒ Foreign Priority Claim (35 U.S.C. 119)  
(if applicable)
- ☐ Information Disclosure ☐ Copies of IDS  
Statement (IDS)/PTO-1449 Citations
- ☐ English Translation of Reissue Oath/Declaration  
(if applicable)
- ☐ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
- Other: Offer to Surrender Original  
Patent, Amendment Paper and  
Credit Card Payment

### 15. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label

020457



Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name

Address

City

State

Zip Code

Country

Telephone

Fax

NAME (Print/Type)

William I. Solomon

Registration No (Attorney/Agent)

28,565

Signature

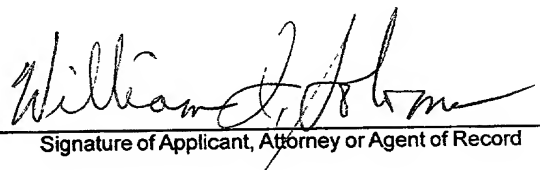
William I. Solomon

Date

February 1, 2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 520.30414R49		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 13	Total Claims (37 CFR 1.16(j))	(B) 13	**** 0 =	x \$ _____ =		or	x \$ _____ =	
(C) 12	Independent claims (37 CFR 1.16(i))	(D) 12	* 9 =	x \$ _____ =			x \$ 84 =	\$756.00
Basic Fee (37 CFR 1.16(h)) \$ _____								\$740.00
Total Filing Fee \$ _____							OR \$1496.00	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	=	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =		x \$ _____ =	
Total Additional Fee \$ _____							OR \$ _____	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>01-2135</u>. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;"><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;"> <p><u>2-1-02</u> Date</p> </div> <div style="width: 50%; text-align: right;"> <p> Signature of Applicant, Attorney or Agent of Record</p> <p><u>William I. Solomon</u> Typed or printed name</p> <p>Reg. No. 28,565</p> </div> </div>								

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

20000101 40209001

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants: KATO, et al.  
Serial No.: Reissue application of U.S. Patent No. 6,332,280  
Filed: February 1, 2002  
For: VACUUM PROCESSING APPARATUS

**OFFER TO SURRENDER ORIGINAL PATENT**

Assistant Commissioner for Patents  
Washington, D.C. 20231

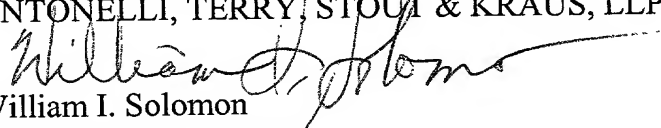
February 1, 2002

Sir:

Applicants hereby offer to surrender the original Letters Patent of U.S. Patent No. 6,332,280. The Official Letters Patent will be returned in due course, prior to passing the Reissue application to issue.

Respectfully submitted,

ANTONELLI, TERRY, STOUT & KRAUS, LLP

  
William I. Solomon  
Registration No. 28,565

1300 North Seventeenth Street  
Suite 1800  
Arlington, VA 22209  
Tel.: 703-312-6600  
Fax.: 703-312-6666

WIS/slk

10060204-020102